

23/03/19

E-Portfolio

Rachel Griffiths



Table of Contents

- ❖ Communications and counselling : A video critique with application to Carl Rogers theory of person centred therapy
- ❖ Communication and counselling: Theories within counselling
- ❖ Introduction to health research: A report of key terms within a research paper
- ❖ Managing organisations :Motivation in leadership and management
- ❖ Interview write up

E portfolio

Assignment 1

Communications and counselling: A Video critique that applies Carl Rogers' theory of person centred therapy

Communication is critical within counselling as it develops the relationship while building rapport, this constitutes to the client self-actualising whilst proposing and implementing a solution. The aim of this critique is to identify the communication skills and counselling qualities between the client and counsellor from the video simulation. It will also highlight what the counsellor did well or not so well and discuss how well the client responded. It will look into the application of principles of the person centred approach derived from the work of Carl Rogers and convey the importance of the core conditions of counselling and how it was applied during this therapy. The aim of this simulation is to assess the client and counsellor relationship.

Rogers (1959) stipulates that person centred therapy is non directive but must include key ingredients of congruence, empathy and unconditional positive regard that are imperative for positive changes to occur. Rogers (1959) theory of self-concept suggests that it is better to encourage the client to address their present issues themselves. Furthermore, Rogers believed that individuals are in charge of their own destiny and able to become what they want to be meaning they need to self-actualise, they are the experts with their own knowledge as opposed to the counsellor being the expert Similarly' Gross (2000) notes clients are to treat their client as fully human, acknowledging them as interpreters of themselves and their life. Behaviour therefore, must be understood in terms of the clients' subjective experience, functioning from the perspective of an actor, thus meaning it is phenomenological approach. Only the client can explain the meaning not the therapist (simplypsychology, 2018) (Hazler, R,(1988).

First and foremost, the video simulation began with the counsellor greeting the client, next they both sat down on chairs facing one another, leaving an adequate amount of space between them. The counsellor spoke with a clear, soft tone throughout the video. The counsellor not only used open and closed questions but also demonstrated a variety of phrases that hindered communication hence, why the client opened up and confided with the counsellor. The foundation to Rogers conditions is that the relationship between client and counsellor develops the subsequent core condition of the client entering as incongruent, anxious and vulnerable and the counsellor being congruent (simply psychology, 2018). Congruence refers to the counsellor being transparent thus meaning the client can see through the therapist and perceive them as true, honest and genuine. Rogers initially believed that in order for effective relationships mutual trust and respect is essential but later added that other applications such as interpersonal relations and personality also have significant importance in counselling (journalpsyche.org, 2018).

In this situation the counsellor embarks into the clients world by listening, looking at them and showing them acceptance and respect. According to Rogers (1959), the more real the counsellor appears, the more real the client becomes, it helps them actively explore their feelings and experiences. There was particularly good eye contact throughout the therapy session, as well as use of neutral facial expressions in this instance; head nodding, leaning forward attentively and commenting 'yes' at times to reassure the client that the counsellor was listening. Likewise, Howes (2012) believes that eyes are a major visual feature that shows ones emotion, age and gaze and are practical for shared communication (psychologytoday, 2012). The aforementioned signifies empathy from the counsellor. Marta (2012) also claims empathy is an assertion of the value and respect the counsellor influences to the client whose experiences differ from that of the counsellor.

Finally, Wilkins, P, 2000) states that the communication of unconditional positive regard is the utmost remedial factor in therapy with congruence and empathy merely providing the conditions in which it is achievable. The demonstration of unconditional positive regard from a counsellor can encourage people to share their thoughts, feelings, and actions without fear of offending the counsellor. A counsellor might ask a client to expand on why he or she behaved in a particular manner, rather than criticizing the person's action or query as to how the other person might have felt. In this scenario unconditional positive regard was touched upon briefly with the counsellor accepting what the client disclosed however, in this scenario the client spoke more about feeling rather than any wrong doing.

During the video the counsellor also summarised what the client disclosed, to confirm understanding it also demonstrates to the client that they are being listened to and heard. However one notable problem in the video was the counsellor oscillating on the swivel chair despite the fidgeting, it had no detrimental effect on the client. Nevertheless, it became apparent that the client was agitated at the initialisation phase of the therapy, due to the talking pace being accelerated in the latter half of the session.

Berry (2006) notes that there is evidence that indicates good healthcare providers who communicate well with patients are more likely to result in positive outcomes for patients, themselves and others. Within healthcare it is vital that professionals are good communicators not only for the patients but also when liaising with general practitioners, nurses, social workers and other healthcare professionals. Listening is key one cannot be empathetic if they are not understanding of someone's situation, feelings or thought. Whether a patient is in hospital care for a day week or weeks communication would be encountered frequently and the staff will be required to embed communication and counselling skills. Health care staff will need to be genuine and respectful but also have the confidence when concerning the health of the patient and will be an advocate, give advice, distribute physical resources or act on behalf of the patient or by offering and seeking further support if required. To add, good communication will also provide a more precise, thorough diagnosis.

All things considered, it seems reasonable to affirm that Carl Rogers client based theory is effective with not only counselling but education, health, social, political and so on. It was evident that the approach was successful during the video because the core conditions of congruence, empathy and unconditional positive regard were met. As the interpersonal relationship developed mutual trust and respect was established allowing the client to self-actualise which helped them come up with a solution to their problem. Good communication is essential within healthcare because it will result in positive outcomes for the patient, themselves and others to account for accurate diagnosis.

Reference list

Berry, D (2006) Health communication theory and practice. England: Open university press.

Counsellingtutor (2017) Person centred approaches to counselling. Available at: <https://counsellingtutor.com/counselling-approaches/person-centred-approach-to-counselling/carl-rogers-core-conditions/> (Accessed on: 8/11/2018).

Hazler, R. (1988) 'Stumbling into unconditional positive regard', Journal of counselling and development, 67(2), pp130.

Journalpsyche (2018) 'revisiting carl rogers theory of personality' Available at: <http://journalpsyche.org/revisiting-carl-rogers-theory-of-personality/> (Accessed on 12/11/2018).

Marta. (2012) 'What is empathy' Counselling directory. Available at: <https://www.counselling-directory.org.uk/counsellor-articles/what-is-empathy> (Accessed 13/11/2018).

Midwinter, R and Dickson, J.(2015) Embedding counselling and communication skills.Sussex: Routledge

Psychologytoday (2012) Eye contact in therapy. Available at: <https://www.psychologytoday.com/us/blog/in-therapy/201202/eye-contact-in-therapy-part-i> (Accessed on 09/11/18).

Rogers, C. (2004) On becoming a person: A therapist view of psychotherapy. London. Constable.

SueLambert trust. (2017) Core conditions and Carl Rogers. Available at: <https://www.suelamberttrust.org/wp-content/uploads/2018/02/HO10-Core-Conditions-and-Carl-Rogers-v3.pdf> (Accessed 13/11/18).

Wilkins, P (2000) British Journal of guidance and counselling. Taylor and Francis.

Student Assessment form for counselling critique essay

STUDENT SELF FEEDBACK FORM LEVEL 4

You will need to submit AT LEAST ONE of these and link it to one of the assignments you are submitting. We recommend self-assessing your interview write up. Use the criteria on the last page below to help you self-assess.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
Excellent literature skills used throughout assignment. Engagement with an extensive range of relevant and credible literature. Consistently accurate application of referencing.	10	8
2. Knowledge and Understanding Skills		
It was clear that the topic was understood and information collected was backed up with theories and evaluated well. Excellent knowledge and understanding of the basic underlying concepts and principles of the subject.	20	15
3. Cognitive and Intellectual Skills		
Excellent evaluation of the underlying concepts and principles. Can interpret qualitative and quantitative data accurately and with some insight. Excellent ability to devise arguments using evidence and make appropriate and valid judgements.	20	15
4. Practical Application Skills		
An advanced application of a range of taught, basic methods, materials, tools and/or techniques. The context of the application is well considered, and insightful. Excellent evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.	25	20
5. Transferable Skills for Life and Professional Practice		
Work is coherent, very fluent and is presented professionally. Can work effectively independently and/or as part of a team, with an excellent contribution to group activities. Demonstrates excellent skills for employment requiring the exercise of some personal responsibility with an appetite for further development.	25	15

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Mer)		
	Over 1 week late (0% Mer)		

Assignment 2

Communications and counselling : Theories within counselling

Over the years counselling has become closely perceived as a remedy for all aspects of life. However the profession of counselling has its limits and part of being a counsellor is to know these limits. There are many therapies and approaches used within counselling and this essay will discuss and compare three major theories; person centred therapy, cognitive behavioural therapy and psychodynamic therapy. The person centred therapy is a humanistic approach; its main focus is on free will, human potential and creativity. It aims to encourage the client to explore themselves with the client being the expert rather than the counsellor. On the other hand is cognitive behavioural therapy which is practical and aims to tackle the thought process, and the resulting behaviour and believes that thought and behaviour are conscious whereas psycho analysis believes psychological issues stem from childhood and need to be addressed in order to resolve. The model used in counselling depends on what subject it falls under for example; bereavement, trauma, relationships, mental health, low self-esteem and anxiety. For instance the person centred approach cannot be used for relationships because person centred is about self-actualising whereas relationship issues requires the counsellor and client to delve into the thinking processes and behaviour to try and make changes to improve the relationship. This essay will also analyse one area the BACP and state its value and purpose in counselling practise and highlight the difference between the application of counselling skills within healthcare delivery and counselling as a professional practise.

Gross, R (2000) notes that the psychodynamic model was founded by Freud (1923) and from these studies Freud was convinced that mental disorders were a result of internal factors which were psychological rather than physical, Freud proposed that personality had three major components: Id, ego and superego. Likewise, Howard, S (2011) states that psychodynamic models suggest there is an inner world that influences thought, feeling and behaviour it also states that one is partially conscious but mainly unconscious. Freud (1984) invented psychoanalysis which was a system for diagnosing and treating mental disorders. In addition Benson, N and Van loon, B (2003) Stated that psychotherapy is a process that helps to heal the mind by use of psychological methods which helps bring about goals and coping mechanisms. It encourages the client to achieve realistic personal goals and focus on everyday opportunities in order to improve life (Simplypsychology, 2014). It was also said that "Freud's interest was in the dynamics of the mind the conscious and its subconscious influences. He felt that the energy in the psyche was a constant value, and so instead of disappearing from the conscious, it would build up in the subconscious and cause increasing inner tension until it was addressed" (Counsellingdirectory, 2018). "psychodynamic theories take a purely internalised view of behaviour, ignoring external factors such as the biological influences of genetics on our predisposition to some mental problems" (Psychologistsworld, 2019).

On the other hand there is the person centred approach which originated from the work of Carl Rogers (1959). Rogers believed everyone is born with an innate ability to grow. (Counsellingdirectory, 2013). Likewise Carl Rogers (1959) believed that humans have one basic drive, that is the affinity to self-actualise which refers to fulfilling one's potential in order to achieve the highest level of human-beingness as possible (simplypsychology, 2014). Similarly Hazler, R (1988)

cited that Rogers (1959) stated that person centred therapy is non directive but must include key ingredients of congruence, empathy and unconditional positive regard that are imperative for positive changes to occur. Rogers (1959) theory of self-concept suggests that it is better to encourage the client to address their present issues themselves. Furthermore, Rogers believed that individuals are in charge of their own destiny and able to become what they want to be meaning they need to self-actualise before they can progress, they are the experts with their own knowledge as opposed to the counsellor being the expert. Rogers (1959) rejected the deterministic nature of both psychoanalysis and behaviourism and believed that people behave as they do because of the way they perceive a situation. As no one else can understand how someone else perceives something only the person who has experienced it (simplypsychology, 2014) and (Counselling directory, 2019).

In Person centred therapy the client is the extremity and the approach is exclusively based on the client directing the therapy, while the therapist seeks to enhance the clients insight on understanding themselves through use of informal simplified questions thus why it is better for general personal issues such as low self-esteem, depression, eating disorders, anxiety. In contrast to the psychodynamic approach an analytical therapy that centres on how past events and traumas can affect an individual's behaviour in the present, it resonates to person centred therapy as its effective in treating specific issues such as depression, addiction, anxiety and eating disorders. In order to help a client understand their unconscious mind psychodynamic therapists draw on techniques used in psychoanalysis and psychoanalytical therapy such as free association whereby the client can speak freely, therapeutic transference where feelings from past are redirected and recognition can then allow client to understand their feelings to resolve and conflicts with figures or places of the past and interpretation (simplypsychology, 2014) and (bartleby, 2000).

In contrasting person centred and the psychodynamic it is conspicuous that there are similarities and differences between the self-actualisation theories, the organismic self and self-concept of personality arrangement. Both organismic self and the id represent part of the mind that is repressed. On the other hand the super ego and self-concept rules and moral values that have been enforced on everyone through others. The ego is also similar to the actualisation tendency in that it is concerned with intervening between id, ego and superego in order to find balance. The actualisation in person centred therapy resonates that of the ego. The aim of the person centred approach is self-actualisation whereas the psychodynamic theory focuses fundamentally on the negative characteristics (clinical partners, 2017) and

In addition there is cognitive behaviour therapy, which primarily stemmed from Pavlov's (1900) early experiment of conditioning reflexes through application of principles of learning theory that shaped the behaviour of animals and consequently humans, by analysing how fluctuating behaviour can relieve psychological disorders (Foreman, E, I and Pollard, C, 2016). Moreover Cully, J.A and Teten, A (2008) states "CBT combines cognitive and behavioural therapies and has strong empirical support for treating mood and anxiety disorders. The basic premise is that emotions are difficult to change so this therapy targets emotions by changing the behaviour that are contributing to the distressing emotions". Subsequently Aaron Beck founded cognitive therapy in the 1970's whereby he concluded that those who were depressed experienced a succession of spontaneous negative thoughts in which he labelled as the automatic thought process. In contrast to the psychodynamic, psychoanalytical or person centred therapy, cognitive therapy is present focused, time bound, highly

structured and goal orientated. The therapist will do most of talking and will require the client to do assignments at home to maximise therapeutic goal. It targets the cognitive and behavioural factors that perpetuate and maintain psychological disorders (Branch, R and Dryden, W, 2008) and (mind.org, 2019).

Similarly Foreman, E (2016) also noted that the key concept of CBT concentrates on how information is processed, organised and stored and the effect of new and old thoughts and behaviour. The prime focus is to get the client to understand the way they think so that they can change their thinking patterns and behaviour. Evidently there is more extensive research on cognitive behaviour therapy, in comparison to the aforementioned approaches, as studies have indicated that treatments for psychological disorders based on cognitive behaviour therapy principles are exceptionally effective, not to mention remedial for a persistent change and prevention of relapse thus why it is remarkably efficacious for mental health problems including severe cases of bipolar disorder and psychosis. In addition it works on the value that behaviour and emotions are determined by perception of how an individual interprets a situation and the thoughts they then anticipate has detrimental effect on the way in which they comport oneself, by understanding thinking it allows the individual to alter the way they retaliate to a situation or event.

Cognitive behaviour therapy parallel to that of the person centre therapy in the view that they provide support by addressing personal matters. Moreover, they share the precise therapeutic goal of welfare improvement so that the client can live a satisfactory life; this also corresponds to that in the psychodynamic therapy. Ultimately cognitive behaviour shares the same concept as psychodynamic in terms of the roles of the counsellor and client as opposed to person centred approach whereby the client predominantly leads the therapy (Branaman, 2001).

The British association for counselling and psychotherapy is designed for the provision of all counselling professions by securing the paradigm of principles before working with clients. By complying to be part of this framework it reassures the client that their practitioner will provide a good ethical service, with commitment being the heart of the framework, as clients need to participate freely with their therapist and trusting with their personal information. Being trustworthy is a serious ethical commitment and this goes for any health profession as they speak to so many patients on a daily basis. Their patient sees them as professional and expects them to be trustworthy when it comes to their care with illness or recovery and expect the health professionals to be competent in their job thus why it is compulsory to keep up to date with knowledge and skills. The BACP ethical framework is similar to that of the nursing and midwifery council (NMC) in their code of standards.

The difference between the application of counselling skills within healthcare in contrast to counselling in professional practise is that healthcare staff for example, nurses do not have set times or places to sit with patients and the time they have with each patient is limited because they have to see whomever needs their care. Also nurses work shifts so they may not see the patient on a regular basis or they may be working on different wards. More often than not hospitals aren't confidential areas to discuss personal matters, whereas counselling professionals have a set place where their client meets them, It is a confidential environment where the client can feel relaxed and open to talk, it will require ongoing commitment but this in turn will improve the client and counsellor relationship whilst building on trust.

Overall, it may be said that all theories of counselling are significant in counselling practise and most therapist will use all of the aforementioned theories at some point in their vocation therefore, it is essential that they are competent and have the knowledge and skills to implement during therapy sessions and as a result they will improve their clients quality of life thus is why it is mandatory for all counselling professions to register with the BACP and comply with their ethical standards and similarly, all qualified health care practitioners have to register with the general medical council or the nursing and midwifery council which is also a code of standards in which they have to follow and if they don't they will be removed and unable to practice. Ultimately the psychodynamic is an analytical approach, in comparison to the humanistic which is person centred and the cognitive approach that looks at thinking processes. The psychodynamic is most effective for more personal issues; it requires exploration of past events or environments that may have resulted in particular behaviour patterns in the present. On the contrary the humanistic theory with its person centred approach solely focuses on the present however, it is similar to that of the psychodynamic in the respect that they both share the same views on the self-actualisation, the main goal of person centred therapy is to self-actualise and likewise the psychodynamic s model of personality believes that one must have self-concept to maintain balance between the id ego and super ego. Finally there is the cognitive behaviour therapy which centres on thought processes and looks at how and why a person sees something in a particular way and they use methods that change the way their client views something or other, it is said to be the most widely used forms of therapy worldwide. Nevertheless all of these therapies share the same therapeutic goal they all aim to address the issue and each has many models and strategies in how to bring about the issue and as a result it improves the client's quality of life.

Reference List

- BACP (2018) Ethical framework for the counselling professions. Available at: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/> (Accessed on 23/12/2018).
- Bartleby (2012) The similarities and differences between client centred and psychodynamic approach. Available at: <https://www.bartleby.com/essay/The-Similarities-and-Differences-Between-Client-Centered-PKJ8B33JVJ> (Accessed on 23/12/18).
- Benson, N and van loon, B. (2012) Psychotherapy: A graphic guide. London: Icon books.
- Branaman, A. (2001). Self and Society. Oxford: Blackwell
- Branch, R and Dryden (2008) The cognitive behaviour counselling: A concise, accessible, comprehensive introduction. Herefordshire.
- Clinical partners (2017) Counselling and psychotherapy and different types of treatment: Humanistic. Available at: <https://www.clinical-partners.co.uk/counselling-and-psychotherapy/different-types-of-treatment/humanistic> (Accessed on 20/12/18).
- Counselling directory (2019) Cognitive behavioural therapy. Available at: <https://www.counselling-directory.org.uk/cognitive-behavioural-therapy.html> (Accessed on 18/01/19).
- Counselling directory (2018) Person centred therapy. Available at: <https://www.counselling-directory.org.uk/person-centred-therapy.html> (Accessed on 20/12/18).
- Counselling directory (2019) Psychodynamic. Available at: <https://www.counselling-directory.org.uk/person-centred-therapy.html> (Accessed on 18/01/19).
- Cully, J.A and Teten, A.L (2008) A therapists guide to brief cognitive behavioural therapy (online).
- Dickson, J and Midwinter, R. (2015) Embedding communications and counselling skills. East Sussex: Routeledge.
- Foreman, E, I and Pollard, C. (2016) Cognitive behavioural therapy. London: Icon books.
- Gross, R et al. (2000) Psychology a new introduction. London: Hodder and Stoughton.
- Hazler, R. (1988) 'Stumbling into unconditional positive regard', Journal of counselling and development, 67(2), pp130.
- Holder, J.B (2013) Comparing and contrasting the three main approaches. Available at: <https://www.counselling-directory.org.uk/counsellor-articles/what-are-they-comparing-and-contrasting-the-three-main-counselling-approaches> (Accessed on 23/12/2018).
- Howard, S. (2006) Psychodynamic counselling in a nutshell. 2nd Ed. London: Sage.

Mind.org (2019) Cognitive Behaviour therapy. Available at: https://www.mind.org.uk/information-support/drugs-and-treatments/cognitive-behavioural-therapy-cbt/#.XEIMO_Z2vVI (Accessed on 18/01/19).

Myles, P and Shafran, R (2015) The CBT Handbook. London: Robinson.

Psychologistworld (2019) The psychodynamic approach. Available at: <https://www.psychologistworld.com/freud/psychodynamic-approach> (Accessed on 18/01/2019).

Simply psychology (2014) The humanistic approach: Carl Rogers. Available at: <https://www.simplypsychology.org/carl-rogers.html> (Accessed on 20/12/18).

Self-Assessment form for counselling theory essay

STUDENT SELF FEEDBACK FORM LEVEL 4

You will need to submit AT LEAST ONE of these and link it to one of the assignments you are submitting. We recommend self-assessing your interview write up. Use the criteria on the last page below to help you self-assess.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
Literature was collected from 20 credible sources that included journals books and organisation websites however there were some referencing errors.	10	7
2. Knowledge and Understanding Skills		
There seemed to be a good understanding of the question knowledge was backed up by theorists	20	12
3. Cognitive and Intellectual Skills		
Data was gathered and interpreted well the information was supported with statistical evidence and previous studies or criticised it with opposing arguments.	20	14
4. Practical Application Skills		
Applied a range of evidence for the approaches and showed why its important and how its relevant to research.	25	20
5. Transferable Skills for Life and Professional Practice		
Written skills were good as the layout was structured in the correct form for its purpose. Good use of paragraphs to separate information. There were a few errors citing authors, initials are not required.	25	20

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)

Late Submission Penalties (tick if appropriate)

Up to 1 week late (40% Max)

Over 1 week late (0%)

%

Assignment 3

Introduction to health research: a report on a research paper.

ASSIGNMENT 3

Introduction to health research

Rachel Griffiths

Table of contents

Introduction.....	2
Research process.....	2
Background.....	2
Abstract.....	2
Literature review	3
Aim	3
Study design	3
Sample	4
Data collection	4
Ethical consideration	4
Data analysis	5
Results	5
Discussion	5
Conclusion	6
Reference list	7

Assignment 3 : Introduction to health research

Introduction

Within nursing research is very important as knowledge raises awareness for advancements within the field thus is why it is a requirement to be registered with the Nursing and Midwifery Council when working in practice (Siu and Comersary, 2013). Barbara (2009) notes that research allows identification of interventions and develops strategies that will improve patient outcomes. It implements a partnership between research and practice. It also permits nurses to alter care in order to stay current to new treatment modalities.

Research Process

This particular research paper was taken from The University of Wales Trinity Saint David's online library at. From the drop down list to the left there was an option that allowed searching for database via subject therefore sport, health and outdoor education was selected, this then opened up another list and proquest central was clicked which gave the option to search a key term whereby dyslexia was searched. In doing so 100,119 searches appeared so using the filtering tool the search was refined by selecting full text options and scholarly journals dated between 2009- 2019 and also by selecting the United Kingdom and the search reduced significantly to 7,684 (uwtsd, 2019).

Background

A Background is an important element of research as it familiarises the reader what the context of the paper is about (Enago, 2018). The background does not have its own sub heading, in this research paper it is presented within the introduction as it provides a brief history of dyslexia. It also points out important information that the reader needs to know for instance Taylor (2009) et al notes "Students with disabilities are underrepresented in the UK higher education". This introduction/ background also state the aim of the case study in this case it is the adjustments that need to be implemented within the education sector in order to cater for students with dyslexia.

Abstract

An abstract is a summary of all the research that depicts the important aspects of the research findings (Siu and Comersamy, 2013). Abstracts let readers who may be interested in a longer work to quickly decide whether it is worth their time to read it and they should contain keywords and phrases that allow for easy searching (Writingcentre.UNC, 2018).

Lancaster (2003) stipulates that there are two types of abstract they can be informative or descriptive. Informative abstract are the most common type that will present the purpose and the main arguments with results and evidence to support it. Taylor, Duffy and England (2009) papers abstract layout is a notated version that has sub headings such as; Purpose, methodology, findings, research implications and value and keywords therefor it can be classified as an informative abstract. It also has the findings from the primary data which indicates it is an informative abstract. On the other hand there is the descriptive abstract in comparison to the informative which is over 300

words it has no more than 100 words; it is brief summary that doesn't state the results and conclusion (Dutton, 2014).

Literature review

Kumar (2014) States that the review of literature is the most fundamental part of the research process that adds to each stage of the development of the paper. Predominantly when deciding on a research question to find answers, this will illuminate ideas, establish the theoretical roots of the study. It also functions in consolidating knowledge of the research to allow an examination of the findings then comparing and contrasting with previous studies. Above all it has many important functions; provides a theoretical background for a study, establishes links between proposed question and previous studies. It enables an illustration of how the findings have contributed to existing knowledge.

Research papers can differ some may have a review of literature and others may have a summary of literature and the major difference between them is that 'a summary of literature' is a description of the significant findings of relevant information that has been searched, it appear as a listing of no particular order of the sources and major findings that are relevant to research whereas in a review of literature the findings are organised around main themes that emerge from the secondary research citing its origin and comparing it with primary research (Siu and Comersary, 2013).

Taylor, Duffy and England (2009) appears to be a review of literature not a summary of literature. There was a collection of research on the topic of dyslexia, statistics were used to state how many reported cases of dyslexia there was during that period. Research was also gathered by recognisable agencies. Most of research supports that dyslexia can cause difficulties in visual and phonological processing. The secondary research was an up to date account that dated from 2001- 2007 within a 10 year range and the most recent evidence being two years before the paper was written.

Aim

Dawson (2009) suggests that an aim is to identify, describe and produce an analysis of the interrelating factors which impact the learning choices of adult returners, and to cultivate supplementary theory.

The aim identified in Taylor, Duffy and England (2009) paper is to examine the type of adjustments to delivery appropriate for students with dyslexia in a UK higher education setting.

Study design

There are two methods of research qualitative and quantitative and sometimes a researcher may use mixed methods. Kumar (2014) state that qualitative is exploration research to gain understanding of opinion or motives it provides insight into a current problem and develops ideas. Blaikie (2003) affirms that quantitative research method is data that can be collected numerically and can be transformed into statistics and data measured can formulate facts and these are done by surveys, interviews polls and observations. This research paper uses a qualitative longitudinal method of study which means it is a determinant of patterns of change in relation to time by ascertaining trends in this instance the research was conducted annually over a four year period, (Kumar, 2014).

Sample

Blaikie (2003) asserts that a sample is a selection of components from a population. Taylor, Duffy and England (2009) appear to have a quasi-experimental design of sampling as they selectively chose their control group which was the universities computing department because they outlined that computing work is usually a very popular choice for dyslexic adults. The research is not representative of the university as a whole. Sampling methods can be divided into two distinct categories probability sampling or non-probability sampling. Taylor et al (2009) paper is a non-probability sample that is a purposive sample as there is no specific probability of an individual to be part of the sample it is only for those who have dyslexia. On the Contrary probability sampling is when each person has a fair chance of selection. Taylor et al (2009) uses purposive sampling (Surbhi, 2016).

Data collection

Data collection is the systematic approach to gathering and measuring information from a variety of sources to get a complete accurate illustration of a particular topic of interest. It facilitates a person to answer relevant questions, evaluate outcomes and make predictions about future probability trends (Rouse (2016).

The primary data collated within Taylor et al (2009) paper was via structured interviews whereby the same set of questions were asked to all participants, observations and discussions were also a part of data collection therefore it can be classified as a triangulation method of data collection. Other types of interviews include semi structured interview which refers to no formalised set of questions but open ended questions and follow up with other questions, on the other hand there are unstructured interviews which are no predetermined questions or answers that are informal and open ended (Surbhi, 2016).

Ethical considerations

Before conducting research it is best practice to consider and comply with the five ethical principles as they are guidelines to enable researchers to sum up all of the aspects of the process of research in order to reach an ethically accepted position whereby actions are considered justifiable. Participants of research must voluntarily give informed consent to participate in the research being carried out. Researchers also make the participants aware of the purpose of the research and be honest and disclose the process of research this will avoid deceit and deception. In some instances where the researcher needs to be dishonest to the participant for research purposes they must contact their local or institutional ethics committee to seek approval before conducting their research. Participants must be made aware that they have a right to withdraw from the research at any point with no questions asked and coercion to stay aboard of the research should be avoided. Subsequently researches must avoid harm to their participants. All aspects that could potentially cause harm or distress to participants should be considered this can be avoided by avoiding being intrusive. Confidentiality is an important aspect of research participants need to be aware how their data is being stored and to whom it is accessible to and they have a right to view what data is being

stored of them. Participants are to remain anonymous during research they don't have to give their names nor will they be named in research findings. Taylor et al (2009) research paper has regarded it as maintaining confidentiality and anonymity of all whom participated however it does not appear to have been ethically approved.

Data Analysis

Data analysis is the process of systematically applying statistical and or logical techniques to describe and illustrate, condense and recap, and evaluate data. According to Shamo and Resnik (2003) procedures provide a way of drawing inductive inferences from data and distinguishing the signal (the phenomenon of interest) from the noise (statistical fluctuations) present in the data.

Taylor et al (2009) used a thematic analysis method that focused on identifying patterns across its data set to provide the answer to its research questions by a process of theme development and revision and this process was useful with open questions of ones views and perception.

Results

Results are defined as "information obtained by experiment or some other scientific method; a quantity or formula obtained by calculation" (Harper, 2010).

The results are structured in narrative form using ranges of percentages. Taylor et al 2009 stipulate that there is need to examine and evaluate reasonable and appropriate adjustments to cater for students with dyslexia in higher education. Concern was raised when 18 out of 22 students of the case study group were direct school leavers and only students who actually declared to having a disability were booked for an individual student learning plan dyslexia on their university applications.

In terms of academic performance the average mark of the case study group was just under 57%. The average first year marks ranged from 38.1% to 75.1%. The average second year mark ranged from 25.7 to to 76.4 %. The average final year mark ranged from 34.6% to 64.7%. As a whole, the marks for the students studied compared to the averages respective peers points out that requirements made for the group of dyslexic students allowed them to accomplish similar results. The average marks for each of the academic years were consistently higher for those who requested extra time therefore it is beneficial for students with dyslexia to be given extra time during examinations.

Discussion

Taylor et al (2009) paper supports the review literature as It is evident that institutes need to pre plan and be equipped to deal with students who have dyslexia Adjustments to teaching delivery are important factors to implement in higher education for better education outcomes for individuals with dyslexia.

Conclusion

This research paper outlined areas that need to be addressed in higher education to meet the needs of students with dyslexia and what adjustments are to be made. The severity of dyslexia varies between individuals therefore individual assessments are essential. Given appropriate adjustment research exercise appeared to indicate that dyslexic student can achieve similar results to their non-dyslexic peers.

Words 1982

Reference list

- UWTSD, 2009. Online library. Available at <https://search.proquest.com/docview/223114921?accountid=130472> (Accessed 01/02/19).
- Barbour, R (2014) *Introducing qualitative research: a student's guide*. 2nd ed. London: Sage.
- British Educational Research Association (2015) *Ethical guidelines*. Available at: https://moodle.uwtsd.ac.uk/pluginfile.php/91730/mod_resource/content/1/BERA%20Ethical%20Guidelines.pdf (Accessed on: 04/03/19).
- Dawson, C (2009) *Introduction to research methods: a practical guide for anyone undertaking a research project*. 4th ed. Oxford: How to books.
- Dutton, J.A (2014) *E-education: Descriptive abstract*. Available at: https://www.e-education.psu.edu/styleforstudents/c6_p9.html (Accessed on 08/02/2019).
- Gray, D.E (2009) *Doing Research in the real world*. 2nd ed. London. Sage.
- Harper, D (2010) *Online Etymology Dictionary*. Available at: <https://www.dictionary.com/browse/result> (Accessed 01/03/19).
- Kumae, R (2014) *Research methodology: a step by step guide for beginners*. 4th edition. London: Sage.
- Lancaster, F.W (2003) *Indexing and abstracting in theory and practice*. 3rd Ed. London: Facet.
- Blaikie, N (2003) *Analysing quantitative data*. London : Sage.
- Rouse, M (2016) *Definition: data collection*. Available at <https://searchio.techtarget.com/definition/data-collection> (Accessed on 26/02/2019).
- Siu, C and Comersary, H (2013) *Doing a research project in nursing and midwifery: a basic guide to research using the literature review methodology*. Sage: London.
- Shamoo, A.E., Resnik, B.R (2003). *Responsible conduct of research*. Oxford University press.
- Surbhi, S (2016) *Probability and non-probability*. Available at: <https://keydifferences.com/difference-between-probability-and-non-probability-sampling.html> (Accessed on 20/02/19).
- Writingcentre UNC (2019) *Abstracts*. Available at: <https://writingcenter.unc.edu/tips-and-tools/abstracts/> (Accessed on 07/02/19).

Introduction to health research self assesment

STUDENT SELF FEEDBACK FORM LEVEL 4

You will need to submit AT LEAST ONE of these and link it to one of the assignments you are submitting. We recommend self-assessing your interview write up. Use the criteria on the last page below to help you self-assess.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
Engagement with an extensive range of relevant and credible literature. Consistently accurate application of referencing.	10	8
2. Knowledge and Understanding Skills		
I showed a good level knowledge and understanding of the basic underlying concepts and principles of the research question.	20	16
3. Cognitive and Intellectual Skills		
Evaluated the underlying concepts and principles. Clearly differentiated qualitative and quantitative data accurately.	20	15
4. Practical Application Skills		
I applied a range of research, basic methods, materials, tools and/or techniques. The context of my application is well presented and understood I used different approaches to problem-solving in particular contexts and proposes appropriate solutions.	25	17
5. Transferable Skills for Life and Professional Practice		
My work was presented in a structured format for a report that consisted of a cover page, table of content and sub headings within the content and a reference list. I worked well independently to gather research and planned how I was going to write it.	25	17

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

Assignment 4

UNIVERSITY OF WALES TRINITY SAINT DAVID

Motivation in leadership and management

Managing Organisations

Rachel Griffiths 1808557

3/4/2019

Assignment 4: motivation in leadership and management

Table of contents

Abstract.....	2
Introduction.....	2
Main body	3-7
Conclusion.....	7
Recommendations.....	7
Reference list	8

Assignment 4: motivation in leadership and management

Abstract

The purpose of report is to evaluate a contemporary theme in health management and its impact on organisational structure and culture in supporting leadership and management and how new realities and change to The National Health Service organisation affects the motivation of its employees. It will look at the roles of good management and leadership in supporting an organisation and relate to theories. At present the NHS are under stress to deliver care to the growing population and are looking to change and restructure in order to meet these demands.

Introduction

A contemporary theme within health management is change, this along with new realities continuously being raised from ongoing health research means healthcare organisations need to implement initiatives that aim to improve delivery of care. According to the Health secretary Andrew Lansley, the NHS is a standard setting of excellence with its design and performance, however, in some areas it lacks values and principles. Similarly, Aylward (2011) stated that they “strive for a world class healthcare service by scrutinising the relevance of health issues and ideas and finding ways in which it can be improved” (Great Britain, The Bevan Commission, 2011). Over the past 60 years, the structure of the NHS has seen a dramatic change due to the economic situation (NHS England, 2019). Such a rise in financial and political pressures raises question as to whether it can continue to function in meeting its demands. These demands and pressures have an effect on the management of the NHS because the health boards of the organisations need to come together to promote best practice. Such changes and new realities puts pressure on management because they need to be skilled and knowledgeable in how to implement changes in the organisation with the support of subordinates (Hewison and Griffiths, 20014). Failure in managing changes efficiently and effectively will result in employees feeling fearful which can lead to a breakdown of relationships and a lack of motivation. This can have a negative effect on an organisation because managers cannot achieve their goals without participation from all of the team. Consequently, improved outcomes are a result of effective changes made with the participation of all members within an organisation, this is why good management is very important.

.Main Body

Heinzberg (1959) theory of motivation suggests that there are a range factors within an organisation that provide job satisfaction for employers and also factors that cause dissatisfaction. For employees to be satisfied with their job there are a set of hygiene factors and they are essential for existence of motivation in the workplace. These factors include appropriate pay and being equal to others with the same role, work flexibility, break entitlements, holidays, and working conditions that need to be clean, hygienic, and safe. Motivation factors meet the employee’s psychological needs by persuading employees to complete goals, this is done by appraisals and recognition of the work they have accomplished. Workers need to have a purpose and a sense of achievement to feel relevant to the organisation and, also, need to have the opportunity to grow and advance within the organisation.

Subsequently, motivation is clearly affected by the impact of organisational structure and workplace conditions.

Organizational culture raises the fundamental assumptions and principles shared by members of an organisation (Schein, 1985). According to Beerel (2009), these assumptions and beliefs function consciously and unconsciously and depict the organizations view of itself and its environment. Ultimately, they are learned reactions of the challenges for survival internally and externally. An organization's culture not only advances from its founding leader's beliefs and practices but its experiences of the environment which has been moulded by countless leaders over time. These particular beliefs, assumptions and practices become implanted within an organisation's culture, therefore appearing as the norm (ibid).

Corroborating norms and customs provides an organisation with certainty and assures associates that everything is somewhat under control, this is why new realities and changes heighten anxiety within an organisation, but it is not always negative anxiety. To overcome this, the leader must be innovative and be creative as he, or she, will need to break down current practice by aiming to contain control of the purpose and empower subordinates by sharing the vision and assuring them the outcome is for the greater good (ibid). Therefore, change involves altering organisational culture, along with the beliefs and practices that go with it and this alteration of culture may require the interruption of existing systems.

In this way management and leadership are closely related. Management can be defined as the process of planning and controlling things or people so that there is a productive outcome of work. Likewise, leadership is the action of motivating people to act in ways so that goals can be achieved (Hannagan, 2009) Undoubtedly, the motivation of employees is closely linked to management and leadership processes.

Management and leadership are applicable to all types of organisations. Managers of different organisations apply or use different managerial or leadership techniques or methods, therefore they can either help their organisation by knowledge diffusion and sharing of practices or they may hinder development by the use of poor strategies. Management can, therefore, be beneficial to employees or have a negative impact. (Bresen et al, 2017).

Mintzberg (1990) stated that managers have a duty to lead the team, resolve any conflicts, and negotiate new contracts within the company, and externally, as well as regularly attending board meetings. Roles of managers can be further subdivided into categories such as interpersonal, informational and decisional (Caramela, s. 2018).



Mintzbergs managerial roles

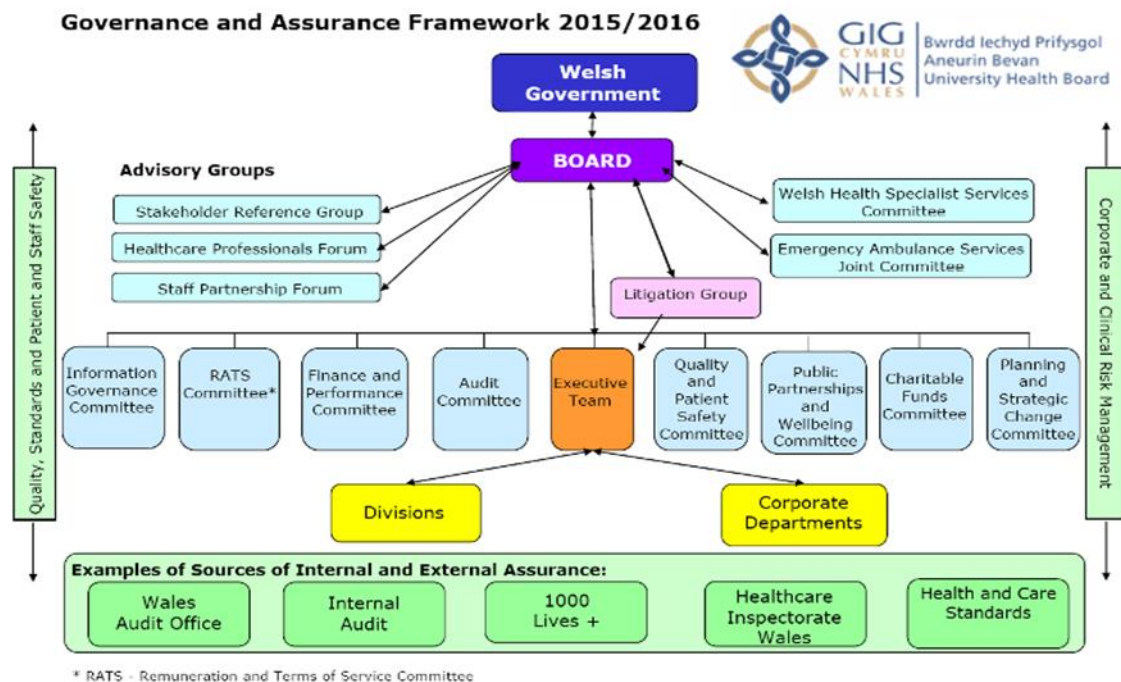
To date the Health Care sector and health organisations such as the NHS are currently experiencing major pressure to change and restructure. The financial struggles are developing an economic crisis and there is a greater demand for better quality of service from the public, which puts pressure on health care professionals (Bresen et al, 2017).

Leadership and management is important because it secures the organisation without it, an organisation could collapse, especially in a large organisation such as the NHS, also the way in which an organisation is structured is just as important (Dickson, 2007).

Subsequently Hannagan (2008) notes that organisation structure is important as it designates work roles within departments and presents a system of hierarchy and authority structure. Similarly, Mintzberg (1990) identified 5 popular organisational structures: simple, divisional, machine bureaucracy, professional bureaucracy, adhocracy. Within the National Health Service they follow a divisional structure whereby work is delegated among divisions of health boards where each health board is responsible for its division and focuses on their needs and functions (Caramella, 2018). In addition, Mintzberg (1990) noted that there needs to be 6 basic parts to an organisation;

- A Strategic Apex- Senior management.
- A middle line where the strategic apex seniors link with members within the operating core that handle operational processes.
- A techno structure who are the analysts of various sorts.
- Support staff who offers support and other services to the organisation.
- Ideology of the companies norms and values.

Below is an example of the national health boards governance and framework and how it's structured.



NHS governance framework (NHS,2015).

It is not only Mintzberg (1990) who stated that every manager needs to practice and master interpersonal, informational and decision making roles but House (1996) path goal theory of leadership stipulates that leaders must clarify the path to direct subordinates, they need to attempt to overcome any obstacles preventing the goal being attained and reward others by showing appreciation and gratitude for their role. A leader will need to have self-confidence in implementing change whilst empowering its co-workers and creating a vision to work towards. A good leader will have good relationships through communicating and listening which will develop respect and this will result in participation and a positive outcome for change (Caramella, 2018).

Berrel (2009) states that effective leaders recognise new realities and present issues as they always have a systemic impact. Therefore, leaders are required to be proficient at system thinking in order to communicate to others. As a leader, good communication is necessary when altering current systems as employees need a voice and direction for any successful changes (Alimo-metcalfe, 2001).

Dickson (2009) states that “the NHS system is facing challenges with lack of funding and resources, a high expenditure on agency staff and being understaffed in some areas”. He also noted the political perspective, Conservatives have set in place proposals that aim to change and provide patients a greater choice and control over their care by giving them options. Fundamentally, the Conservatives aim to implement changes to the system whereby new incentives are to be introduced and they want to prioritise better provision of access to primary care services at nights and weekends, and to attempt to re-engage staff at a local level. Although the NHS supports change and are continuously

trying to achieve better outcomes, the Conservatives are still dedicated to the present organisation structure (Dickson, 2007). In this respect, change may be hindered by political reluctance to implement new organisational structures.

Challenges within the NHS would be inevitable as health care delivery is dependent on how much funding is available and the way in which it is structured and administered. Therefore, it is essential for health organisations to master combining clinical and managerial skills, productivity, and effective healthcare (Hyde et al, 2016). So, the organisational change being undertaken in the NHS will require effective management of finances and human resources.

Similarly, Soni and Bailey (2019) wrote a report for the NHS future forum that stresses that NHS and partner organisations should be working in new innovative ways to improve public health within their communities. However, it has been reported that, due to the demand on the NHS, there is not sufficient time to regenerate a new system but instead the NHS must look at what currently works well and modify it to their healthcare provision. Fundamentally, they found that the vicinities in the NHS that worked most effectively shared the common code of partnership which provided better health for the public, and did so by partnership with the government, voluntary and community organisations and by promotion. It seems apparent that partnership within a large organisation is beneficial to organisational effectiveness and motivation and that large scale change is more difficult.

A common challenge organisations face is that employees have a tendency to resist change (Hannagan, 2008) and this can have a negative impact in an organisation as employees will lack motivation. Within a large organisation like the NHS if some employees aren't cooperating then it puts pressure on other members of the organisation who might feel they are not be valued, but overloaded with work due to other members not doing their part. Therefore, managers and leaders are required to change these attitudes and behaviours within an organisation as it is not productive and could led to poor outcomes. It is evident that any form of change within an organisation can cause fear amongst employees, so good leadership and management skills can empower and motivate employees to achieve the goals that are required for change.

Conclusion

In summary, it is evident that leadership and management has significant importance within an organisation as it provides a culture and structure that creates a unit whereby all its members have delegated roles. Organisations have to continuously change to suit their needs, and change involves altering organisational culture, along with the beliefs and practices that go with it. This alteration of culture may also require the interruption of existing systems. This can only be achieved by the participation of subordinates, which can be a challenge as change can cause anxiety within the workforce and, then, result in a lack of motivation. This indicates that the motivation of employees is not only closely linked to management and leadership processes, but also with workplace conditions. These constant changes within the NHS organisation will require good management and managers will need to help motivate employees to complete goals by providing targets, showing appreciation and respect and, also, sharing the vision of how this change is for the greater good.

Recommendations

Hospitals need to offer additional hours to existing staff and increase the salary for covering absent colleagues instead of paying out for agency staff which are paid almost double, if not triple, as opposed to contracted employees. Pay increases for overtime will be incentives to work overtime. Most employees will not work overtime just to earn their general wage, especially when they are already working full time hours. By cutting back agency staff and giving extra money to current employees, managers would save money in the long term.

Government policies need to be considered as they have an effect on health. For instance, the rise of unemployment affects the health of the individual mentally and physically as these people are more inclined to suffer with stress and social isolation which then increases the use of prescription of drugs which adds to costs.

There needs to be something in place where the public can give their views on how they rate the quality of the NHS and how it is run and state what issues they have. In doing so, this will drive forward improvements and without public feedback improvements cannot be made.

Reference list

Alimo-Metcalfe, B. and Lawler, J. (2001), "Leadership development in UK companies at the beginning of the twenty-first century. Lessons for the NHS?", *Journal of Management in Medicine*, Vol. 15 No. 5, pp. 387-404.

Aylward, M (2011) "Back to bevan seminar: Are Bevans principles still applicable to the NHS?". The Bevan Commission.

Beerel, A (2009) *Leadership and change management*. London: SAGE publications.

Caramella, S (2018). The management theory of Henry Mintzberg. Available at <https://www.business.com/articles/management-theory-of-henry-mintzberg-basics/> (Accessed on 27/3/2019).

Carr, S (2009) *Leadership for health improvement; implementation and evaluation*. *Journal of health organisation and management: Bradford* vol23, issue 2.

Dickson, N (2009) *The King's Fund: The new political reality facing NHS*. Available at: <https://www.kingsfund.org.uk/blog/2010/09/white-paper-challenge-gps-plugging-knowledge-and-skills-gaps> (Accessed on 30/03/19).

Ham, C., Clark, J., Spurgeon, P., Dickinson, H. and Armit, K. (2011), "Doctors who become chief executives in the NHS: from keen amateurs to skilled professionals", *Journal of the Royal Society of Medicine*, No. 140, pp. 113-9.

Hannagan, T (2008) *Management concepts and practices*. 5th ed. Essex: Pearson Education.

Hewison, A. and Griffiths, M. (2004) "Leadership development in health care; a word of caution". *Journal of Health Organization and Management*, Vol. 18 No. 6, pp. 464-73.

House, R.J. (1971) A path goal theory of leader effectiveness. *Administrative science quarterly*..

House, R.J and Mitchell, T.R (1974). Path goal theory of leadership. *Contemporary business*.

Mintzberg's managerial roles image (2019) Available at: https://content.openclass.com/eps/pearson-reader/api/item/93e3b7b0-d68f-11e5-95f5-cd3b5082a19b/1/file/robbins_decenzo_coulter-fomecaa-10e_v5a/OPS/images/EX_01_005.png (Accessed on 23/03/2019).

NHS England (2019) *About NHS England*. Available at: <https://www.england.nhs.uk/ourwork/tsd/data-info/info-stand/background/> (Accessed on 30/04/19).

NHS Wales (2015). *Governance and assurance framework*. Available at: www.wales.nhs.uk/sitesplus/gallery/866/Governance_and_Assurance_Framework_2015_2016.png (accessed on 30/04/19).

Self assessment on motivation in leadership and management

STUDENT SELF FEEDBACK FORM LEVEL 4

You will need to submit AT LEAST ONE of these and link it to one of the assignments you are submitting. We recommend self-assessing your interview write up. Use the criteria on the last page below to help you self-assess.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
I presented a good level of literature by crafting my thoughts from other works. It made me critically think about the research and dissect it by its relevance and importance. I explained my thought and ideas. I used a variation of credible sources	10	7
2. Knowledge and Understanding Skills		
It was probably the most difficult essay to write as there was so much information that was difficult to condense I didn't feel like I grasped good knowledge and understanding of the topic. I often found myself jumping back and forth and struggled to link together pieces of information.	20	8
3. Cognitive and Intellectual Skills		
As I stressed above it was a tough essay to write I felt very unsure but I tried hard with it.	20	8
4. Practical Application Skills		
Same applies to above comments	25	7
5. Transferable Skills for Life and Professional Practice		
	25	7

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

Personal actual development

Interviews write up

When partaking any interviews or having new experiences it is important to reflect on the situation in doing so can help for future improvements and give awareness to what's expected. Below is an image of Gibbs model of reflection that I will use to reflect on this interview.

Prior to my interview I looked into the background of midwifery and made notes on the different roles of a midwife. I also researched what skills would be essential for this course and how my work experience skills can be transferred and suited to becoming a midwife. I ordered a few books one was a nursing and midwifery interview questions booklet in which I practiced over and over so that I felt confident in answering questions and had a rough idea of what sorts of questions to expect.

The role of a midwife is to provide antenatal care to woman during pregnancy, Labour and immediately after birth (targetjobs, 2019).

Health careers NHS (2019) States that there are essential skills and characteristics to be a good midwife; these include excellent people and communication skills, a strong interest in birthing process of pregnancy, have the ability to answer questions and apply knowledge, work well as part of a team and have the ability to remain professional during emotionally charged situations.

I also made effort to revise a few current issues within the midwifery issues in case I was asked about it. I retrieved this information from the online midwifery journal. My main focus was on the support for home births as it can be safer for low risk women. The culture of having hospital births is still high and this is due to expectant mothers worry about limited options to pain relief and reluctance to be too far from lifesaving care if problems were to arise. NICE statement has affirmed that no evidence that suggest that homebirths have an increased risk to the baby (Wang, 2015).

I received an e-mail from Cardiff University inviting me to an interview on March 6th at 10.30. I was sent a case study in which I had to revise for and prepare information to discuss within my group. The case study is displayed below.

I set my alarm for 8 to get myself ready and organised. I also bought new smart wear for the interview. I chose to wear black high waist trousers, a grey and white blouse with a black blazer and tanned leather shoes. I had my hair pinned back out of my face and aimed to look professional and suited to the course I was applying for.

I left at 8.30 just to allow for any road incidents, heavy traffic or road maintenance works that may have caused me a delay. I ensured I had money aside for parking and refreshments. I arrived at the university early and sat down with others and we were all placed into our groups and seated in a room until we were called through. We all spoke of how nervous we felt some had been to several interviews prior to this one and this was my first university interview that I attended so I didn't know what to expect but I did prepare for it and was confident with what I prepared with. I read over some notes and practiced answering interview questions in my head. It was very warm at the university and I was nervous I felt sweaty also I tried to control my breathing by slowing it down to try to reduce my nerves.

When we were called into the room we were told that we were going to have a multiple mini interview that consisted of 6 stations and each station there was someone who would give us a question in which we had a limited time to answer from what I can remember it was 1 minute. The questions asked included the 6 c's which I answered confidently as I revised them prior to the interview. I was also asked what I would do if I was in a situation where a colleague had been out the night before and attended work still drunk and would I allow her to work or inform a member of staff or advise her to go home. I said that I would advise her to go home and sober up and if she refused then I would report it to someone as she is endangering the patient and that it is unprofessional. I was asked how would I would apply dignity and respect and what is meant by both terms. I answered by saying I would respect a person's feelings and beliefs. For instance if they raised concern that they weren't happy about something or other then I wouldn't do that or I'd find an alternative so that they would feel satisfied and comfortable as long it doesn't affect their safety and health.

I doubt my feelings I had throughout the interview would change I feel that I will always be nervous throughout interviews and for that reason it's a bad experience because I'm not comfortable with being nervous however being organised and prepared for it makes it a lot easier and thus is why lectures on interview skills and preparation is needed. What I found great about this interview was the multiple mini interview it was a fun way to answer questions and less invasive in comparison the the group interview that was rather difficult to get my voice and opinion out to the group because others were far louder and overpowering few were more concerned about getting their opinion out themselves that I personally didn't feel like there was good communication as a group because not one person asked another of their opinion. I will take this on board for future group discussions.

This interview experience has been a relevant I know what to expect for future interviews and how to make changes to improve.

References

Wang, S (2015) New support for home births; U.K. NICE, in a surprise, rules having a baby at home is safer than a hospital in some low risk pregnancies. Wall street journal [online]: New York. Available at: <https://search-proquest-com.ezproxy.uwtsd.ac.uk/central/docview/1717020118/E128DFE7D6164073PQ/1?accountid=130472> (Accessed on 05/04/19).

